

United States Bankruptcy Court		PROOF OF CLAIM								
IDAHO TWIN FALLS	District of Division									
In re (Name of Debtor) CLYDE V HALE		Case Number 99-42056 CH13								
<small>NOTE: This form should not be used to make a claim for an admin. expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>										
US BANKRUPTCY COURT CLERK OF US BANKRUPTCY COURT 550 W FORT MSC 042 BOISE, ID 83724		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.								
Name and Address Where Notices Should be Sent Direct Merchants Credit Card Bank, N.A.® 4500 S. Garnett Rd Tulsa, OK 74146 Telephone No. (410) 248-4429 or 1-800-843-4881										
Name of Creditor <i>(The person or other entity to whom the debtor owes money or property)</i> DIRECT MERCHANTS BANK										
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 5458000177095284		<input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends								
1. BASIS FOR CLAIM <table style="width: 100%;"><tr><td style="vertical-align: top;"><input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe below)</td><td style="vertical-align: top;"><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ (date) to _____ (date)</td></tr></table>			<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe below)	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ (date) to _____ (date)						
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2. DATE DEBT WAS INCURRED 06-98		3. IF COURT, JUDGMENT, DATE OBTAINED:								
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. <table style="width: 100%;"><tr><td style="vertical-align: top; width: 50%;"><input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ 5816.02 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim.</td><td style="vertical-align: top; width: 50%;"><input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), * earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier—11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan—11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services to personal, family, or household use—11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____ <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></td></tr></table>			<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ 5816.02 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim.	<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), * earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier—11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan—11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services to personal, family, or household use—11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____ <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>						
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5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <table style="width: 100%;"><tr><td style="text-align: right;">\$ 5816.02</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ 5816.02</td></tr><tr><td style="text-align: center;">(Unsecured)</td><td style="text-align: center;">(Secured)</td><td style="text-align: center;">(Priority)</td><td style="text-align: center;">(Total)</td></tr></table>			\$ 5816.02	\$ _____	\$ _____	\$ 5816.02	(Unsecured)	(Secured)	(Priority)	(Total)
\$ 5816.02	\$ _____	\$ _____	\$ 5816.02							
(Unsecured)	(Secured)	(Priority)	(Total)							
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.										
Date January 5, 2000	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <div style="text-align: center;">Beth Hardin, Bankruptcy Manager</div>									

THIS SPACE IS FOR
COURT USE ONLY

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BS 5458000177095284

HALE,CLYDE V**255 BLUE LAKES BLVD N*STE 641*TWIN FALLS*ID*83301-5238*54580001770
95284

CURRENT BAL	5816.02	STATUS CODES	INT/EXT X/Z	CRCD 840	01/31/00	13:20
CREDIT LIMIT	4800	CYCLE CODE	17W	HOME PHONE	111-111-1111	
AVAILABLE CR	1016-	OPEN DATE	06-98	WORK PHONE	111-111-1111	
LST STMT BAL	5816.02	EXPIRATION DATE	06-02	SOC SEC #	005-48-5139	
PREV HIGH BAL	5816	PLASTICS #	01 TYPE 11	CHECKING		
LAST PMT AMOUNT	247	LAST MONETARY	12-29-99 Y	SAVINGS		
LAST PMT DATE	06-16-99	LAST NONMON	01-03-00 056	ANNUAL CHARGE	06-00	1
				CREDIT LINE	10-98	D

AMOUNT DUE	1159	DISPUTES	0	0	0	FIXED PAY AMT	0.00
AMT DELINQUENT	1013	AUTH FLAG	PIN TRIES	0	0	RENEWAL CODE	6 CONTROL 0
# DAYS DELINQUENT	245	OVERLIMIT HISTORY	14			USER FLAGS	V 1 1
# TIMES 1 CYCLE	6	TERMS LEVEL	1			SPECIAL FLAGS	Y Y T
# TIMES 2 CYCLES	0	HISTORY	7765 432B QJJ1			MISC F E	02500 0005000
# TIMES 3 CYCLES	6	REAGE COUNTER	00			MONTHS GROSS ACTIVE	20
RECOURSE FLAG	N	STATUS CODE CHG	12-29-99			DELQ SCENARIO	1111
CASH ADV OUT	2050	AUTO PAYMENT FLAG	0			SCORE: BH	234 CR 941
CREDIT BUREAU FLAG	Z	YTD INTEREST	0.00			CREDIT LIFE	0 / DUALITY 0
CROSS REFERENCE	1	0000000000000000	2			0000000000000000	3 0000000000000000

*CPH

HALE, CLYDE V
STE 641

5458 0001 7709 5284 255 BLUE LAKES BLVD N
TWIN FALLS ID83301-5238 CYCLE 17

CYCLE DATE	MINIMUM PAY DUE	AMOUNT PAID	DELQ AMT	DAYS DELQ	PAY DUE DATE	POST DATE	EFF DATE	TRAN
		121.00-				013199	013199	271
		244.00-	.00	0	032199	021699	021699	271
022499	117.00							
032499	238.00	117.00-	117.00	30	041899	032999	032999	271
042399	242.00	117.00-	121.00	30	051899	050499	050499	271
052599	247.00	247.00-	125.00	30	061999	061699	061699	271
062399	121.00		.00	0	071899			
072699	247.00		121.00	30	082099			
082499	377.00		247.00	60	091899			
092499	512.00		377.00	90	101999			
102599	651.00		512.00	120	111999			
112399	721.00		651.00	150	121899			
122399	867.00		721.00	180	011700			
122999	.00		.00	0	012300			
012500	1159.00		1013.00	240	021900			
==>	NO MORE TRANSACTIONS						VSCISPMT	00

Date: 1/31/00 Time: 2:25:52 PM